Revision: HCFA-PM-95-4

JUNE 1995

(HSQB)

Attachment 4.35-F

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STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCTAL	SECURITY	ACT

State/Territory: California

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

State Monitoring: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

130

(Will use the criteria and notice requirements specified in the regulation.)

___ Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-018
Supersedes Approval Date: APR 1 5 1996
TN No.